

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different
than previously
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Frank A Jannazo

Signature of Treasurer

Electronically Filed by Frank A Jannazo

Date

10

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		122561.74
(b) Cash on Hand at Beginning of Reporting Period	118332.92	
(c) Total Receipts (from Line 19)	36144.55	117511.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	154477.47	240072.80
7. Total Disbursements (from Line 31)	93983.24	179578.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60494.23	60494.23
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22930.35	61161.20
(i) Itemized (use Schedule A)	8045.31	50719.27
(ii) Unitemized	30975.66	111880.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	30975.66	111880.47
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	168.89	630.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36144.55	117511.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36144.55	117511.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	208.24	553.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	208.24	553.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70575.00	124075.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	23200.00	54950.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	93983.24	179578.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	93983.24	179578.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30975.66	111880.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30975.66	111880.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	208.24	553.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	208.24	553.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25815

Amount of Each Receipt this Period

300.00

Biweekly payroll deduction
- \$50

B. Full Name (Last, First, Middle Initial)
Steven A Antokal
Mailing Address 11741 NW 1st St

City State Zip Code
Coral Springs FL 33071

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Corp Entrostomal Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25818

Amount of Each Receipt this Period

42.00

Biweekly Payroll deduction
- \$14

C. Full Name (Last, First, Middle Initial)
Lisa Arnold
Mailing Address 36832 Meadow Creek Ct

City State Zip Code
Magnolia TX 77355

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.25822

Amount of Each Receipt this Period

40.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)

382.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Jocelyn Barnes

Mailing Address 428 169th Court NE

City State Zip Code
 Bradenton FL 34212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.40

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25831

Amount of Each Receipt this Period

315.00

Biweekly payroll deduction
- \$45

Full Name (Last, First, Middle Initial)

B. Charles Batchner

Mailing Address 910 Orchard Drive

City State Zip Code
 Rossford OH 43460

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Director - Dementia Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.25833

Amount of Each Receipt this Period

50.00

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Karen F Bell

Mailing Address 1220 North St.

City State Zip Code
 Bowling Green OH 43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
AVP^ Dir Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.38

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25840

Amount of Each Receipt this Period

115.38

Biweekly payroll deduction
- \$19.23

SUBTOTAL of Receipts This Page (optional)

480.38

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Pamella S Britt Mailing Address 27135 State Rt 49 City Potomac State IL Zip Code 61865 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.25850 Amount of Each Receipt this Period 300.00 Biweekly payroll deduction - \$50
B. Full Name (Last, First, Middle Initial) Timothy N Burchill Mailing Address 1121 6th Street SW City Minot State ND Zip Code 58701 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25852 Amount of Each Receipt this Period 120.00 Biweekly payroll deduction - \$20
C. Full Name (Last, First, Middle Initial) David Burke Mailing Address 3908 Tricking Brook Dr. City Richmond State VA Zip Code 23228 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25671 Amount of Each Receipt this Period 300.00 Contribution - Credit Card

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Kim Elaine Byk Mailing Address 2202 Liberty St. South City State Zip Code Canton MI 48188 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation AVP Clinical Support Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25854 Amount of Each Receipt this Period 210.00 Biweekly payroll deduction - \$35
B. Full Name (Last, First, Middle Initial) Charlie F Byrne Mailing Address 4685 Rio Poco Court City State Zip Code Naples FL 33109 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Sr Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.25855 Amount of Each Receipt this Period 75.00 Biweekly payroll deduction - \$25
C. Full Name (Last, First, Middle Initial) Shirley D Cabildo Mailing Address 38 Bentley Court City State Zip Code Bedminster NJ 07921 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.26			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25856 Amount of Each Receipt this Period 80.78 Biweekly payroll deduction - \$11.54

SUBTOTAL of Receipts This Page (optional)

365.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Vickie Canter

Mailing Address 17514 Lethridge Circle

City State Zip Code
 Round Hill VA 20141

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.25860

Amount of Each Receipt this Period

20.00

Payroll deduction

B.

Full Name (Last, First, Middle Initial)

Javier Cavero

Mailing Address 3077 N. Oakland Forest Dr. #202

City State Zip Code
 Oakland Park FL 33309

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.07

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25866

Amount of Each Receipt this Period

195.39

Biweekly payroll deduction
- \$30

C.

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare, Inc.Occupation
Vice President, Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.58

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25867

Amount of Each Receipt this Period

461.58

Biweekly payroll deduction
- \$76.93

SUBTOTAL of Receipts This Page (optional)

676.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Lisa Cherry
Mailing Address 1971 A Allwood Drive

City State Zip Code
Bethlehem PA 18018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.21

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25868

Amount of Each Receipt this Period

103.86

Biweekly payroll deduction
- \$17.31

B. Full Name (Last, First, Middle Initial)
Ms Denise Clements
Mailing Address 16953 S. Mohican Drive

City State Zip Code
Lockport IL 60441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Administrator - Oak Lawn West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.25871

Amount of Each Receipt this Period

30.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85

City State Zip Code
Neport PA 17074

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25872

Amount of Each Receipt this Period

120.00

Biweekly payroll deduction
- \$20

SUBTOTAL of Receipts This Page (optional)

253.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Shawn P Corley Mailing Address 4009 Top Flite Lane City State Zip Code Mason OH 45040 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25873 Amount of Each Receipt this Period 240.00 Biweekly payroll deduction - \$40
B. Full Name (Last, First, Middle Initial) Ms Pamela Cox Mailing Address 6238 Shadowood Circle City State Zip Code Naples FL 34112 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare, Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25877 Amount of Each Receipt this Period 150.00 Biweekly payroll deduction - \$25
C. Full Name (Last, First, Middle Initial) Douglas S Crail Mailing Address 5704 Ashbrook Drive City State Zip Code Toledo OH 43614 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Dir. Quality Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25879 Amount of Each Receipt this Period 175.00 Biweekly payroll deduction - \$25

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)

Victoria A Crenshaw

Mailing Address 736 Virginia Dare Dr

City State Zip Code
 Virginia Beach VA 23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25881

Amount of Each Receipt this Period

75.00

Biweekly payroll deduction
- \$25

B. Full Name (Last, First, Middle Initial)

Jamie S D'Angelo

Mailing Address 26 Oakland Ave

City State Zip Code
 Wheeling WV 26003

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25885

Amount of Each Receipt this Period

60.00

Biweekly payroll deduction
- \$20

C. Full Name (Last, First, Middle Initial)

Linda J Dailey

Mailing Address 126 Cornerstone Dr.

City State Zip Code
 Marietta OH 45750

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.25884

Amount of Each Receipt this Period

80.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
 Glenice I Darwin
 Mailing Address 122 13th Ave. N.

City State Zip Code
 Casselton ND 58012

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR ManorCare Inc.

Occupation
 Clinical Services ConsultantRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.86

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.25887

Amount of Each Receipt this Period

67.34

Payroll deduction

B. Full Name (Last, First, Middle Initial)
 Karen L Davidson
 Mailing Address 612 W. Magnolia

City State Zip Code
 Pana IL 62557

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR ManorCare Inc.

Occupation
 Dir^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25888

Amount of Each Receipt this Period

150.00

Biweekly payroll deduction
 - \$25

C. Full Name (Last, First, Middle Initial)
 Daniel W Deitzel III
 Mailing Address 541 S 61st Street

City State Zip Code
 Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR ManorCare Inc.

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25890

Amount of Each Receipt this Period

155.00

Biweekly payroll deduction
 - \$25

SUBTOTAL of Receipts This Page (optional)

372.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Frank D Demarinis			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 101 Suburban Drive			Transaction ID: SA11A1.25799	
City State Zip Code Elkton MD 21921			Amount of Each Receipt this Period 9.62	
FEC ID number of contributing federal political committee. C			Payroll deduction	
Name of Employer HCR ManorCare Inc.		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.06		
B. Full Name (Last, First, Middle Initial) Iva DeWitt-Hoblitt			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 3270 N Piqua Troy Rd			Transaction ID: SA11A1.25896	
City State Zip Code Troy OH 45373			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Payroll deduction	
Name of Employer HCR ManorCare Inc.		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
C. Full Name (Last, First, Middle Initial) Janet E Diehl			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 3903 BARBARA ANN DRIVE			Transaction ID: SA11A1.25897	
City State Zip Code MONROEVILLE PA 15146			Amount of Each Receipt this Period 106.20	
FEC ID number of contributing federal political committee. C			Weekly payroll deduction - \$9.62	
Name of Employer HCR ManorCare Inc.		Occupation Regional Dir of Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 356.20		

SUBTOTAL of Receipts This Page (optional)

135.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Timothy C Dietzen

Full Name (Last, First, Middle Initial)

Mailing Address 3615 Sunnyview Rd

City

Appleton

State

WI

Zip Code

54914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.25898

Amount of Each Receipt this Period

150.00

Biweekly payroll deduction
- \$25

B. Jeannette Dunn

Full Name (Last, First, Middle Initial)

Mailing Address 916 Stargazer Road

City

Coatsville

State

PA

Zip Code

19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Risk Manager Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

246.08

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.25904

Amount of Each Receipt this Period

61.52

Payroll deduction

C. Ms Nancy Edwards

Full Name (Last, First, Middle Initial)

Mailing Address 5726 Rolbesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25906

Amount of Each Receipt this Period

692.28

Biweekly payroll deduction
- \$115.38

SUBTOTAL of Receipts This Page (optional)

903.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) R Michael Ferguson			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 2450 Underhill Rd			Transaction ID: SA11A1.25914	
City State Zip Code Toledo OH 43615			Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. C			Biweekly payroll deduction - \$38.46	
Name of Employer HCR ManorCare Inc.		Occupation VP & Dir of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 634.59		
B. Full Name (Last, First, Middle Initial) Annette L Foght			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 510 Arrowhead Drive			Transaction ID: SA11A1.25915	
City State Zip Code Perrysburg OH 43551			Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. C			Biweekly payroll deduction - \$30	
Name of Employer HCR ManorCare Inc.		Occupation Manager National Recruiting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00		
C. Full Name (Last, First, Middle Initial) Sally A Gates			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 2011 20Th Ln			Transaction ID: SA11A1.25921	
City State Zip Code Palm Beach Gardens FL 33418			Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C			Biweekly payroll deduction - \$40	
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 555.00		

SUBTOTAL of Receipts This Page (optional)

650.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
 Larry Robert Godla
 Mailing Address 1556 Mary Ellen Court

City State Zip Code
 Mclean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
VP Develop/Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.41

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25924

Amount of Each Receipt this Period

173.13

Payroll deduction

B. Full Name (Last, First, Middle Initial)
 Bradley J Granger
 Mailing Address 246 Dogwood Dr.

City State Zip Code
 Delaware OH 43015

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.25801

Amount of Each Receipt this Period

150.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
 Pamela Grant
 Mailing Address 403 Hartless Rd

City State Zip Code
 Amherst VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.25929

Amount of Each Receipt this Period

160.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)

483.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Ruth G Graziano		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 503 Elk Mills Road		Transaction ID: SA11A1.25931
City Oxford	State PA	Zip Code 19363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 323.10
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.10	
		Biweekly payroll deduction - \$53.85

B. Full Name (Last, First, Middle Initial) Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.25934
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1172.36	
		Biweekly payroll deduction - \$80

C. Full Name (Last, First, Middle Initial) Tara L Guggenbiller		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 5818 Genoa Farms Blvd.		Transaction ID: SA11A1.25937
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		Payroll deduction

SUBTOTAL of Receipts This Page (optional)

823.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)

Stephen L. Guillard

Mailing Address 217 Garden St.

City State Zip Code
 Needham MA 02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.25938

Amount of Each Receipt this Period

153.85

Payroll deduction

B. Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City State Zip Code
 South Jordan UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.26

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25944

Amount of Each Receipt this Period

120.00

Biweekly payroll deduction
- \$20

C. Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City State Zip Code
 Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25946

Amount of Each Receipt this Period

234.00

Biweekly payroll deduction
- \$39

SUBTOTAL of Receipts This Page (optional)

507.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Maureen Hines
Mailing Address 640 Weatherstone Rd

City State Zip Code
Holland OH 43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Dir Nursing Leadership Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25951

Amount of Each Receipt this Period

60.00

Biweekly payroll deduction
- \$20

B. Full Name (Last, First, Middle Initial)
Timothy M Hock
Mailing Address 8054 Tillicum Grove North

City State Zip Code
Rockford MI 49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.38

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25952

Amount of Each Receipt this Period

115.38

Biweekly payroll deduction
- \$19.23

C. Full Name (Last, First, Middle Initial)
Sharon Hollins
Mailing Address 3311 Gallatin Road

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Asst General Counsel - Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.25697

Amount of Each Receipt this Period

600.00

Contribution - Credit Card

SUBTOTAL of Receipts This Page (optional)

775.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr

City State Zip Code
Wellington FL 33414

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.26

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25957

Amount of Each Receipt this Period

360.00

Biweekly payroll deduction
- \$60

B. Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd

City State Zip Code
Durand MI 48429

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.25958

Amount of Each Receipt this Period

10.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 26448 Carronade Drive

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare, Inc.Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25960

Amount of Each Receipt this Period

180.00

Biweekly payroll deduction
- \$30

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
 Rebecca J Hullinger
 Mailing Address 1250 Horseshoe Cir #105

City State Zip Code
 Ann Arbor MI 48108

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Clinical Prog Implem Consult

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25962

Amount of Each Receipt this Period

240.00

Biweekly payroll deduction
- \$40

B. Full Name (Last, First, Middle Initial)
 Frank A Jannazo
 Mailing Address 3466 Country Farms Road

City State Zip Code
 Oregon OH 43616

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Dir^ Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25965

Amount of Each Receipt this Period

210.00

Biweekly payroll deduction
- \$30

C. Full Name (Last, First, Middle Initial)
 Ms Diane Johnson
 Mailing Address 206 Ruth Road

City State Zip Code
 Fleetwood PA 19522

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare, Inc.Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.03

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25968

Amount of Each Receipt this Period

346.14

Biweekly payroll deduction
- \$57.69

SUBTOTAL of Receipts This Page (optional)

796.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Lanning
Mailing Address 806 Copley Lane

City State Zip Code
Silver Spring MD 20904

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Vice President, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25986

Amount of Each Receipt this Period

150.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Terry L Lawrence Nelson
Mailing Address 1880 Oldfield Dr.

City State Zip Code
Huntingtown MD 20639

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Clinical Services ConsultantRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.25987

Amount of Each Receipt this Period

100.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2629 Liverpool Ct

City State Zip Code
Toledo OH 43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
VP^ Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.25988

Amount of Each Receipt this Period

450.00

Biweekly payroll deduction
- \$75

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Larry C Lester Mailing Address 13507 Westbrook City State Zip Code Plymouth MI 48170 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation General Mgr^ VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1308.52			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25990 Amount of Each Receipt this Period 461.52 Biweekly payroll deduction - \$76.92
B. Full Name (Last, First, Middle Initial) Ms Elizabeth Loyet Mailing Address 20115 183rd Place Northeast City State Zip Code Woodinville WA 98072 FEC ID number of contributing federal political committee. C Name of Employer HCR Manor Care Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.25993 Amount of Each Receipt this Period 60.00 Biweekly payroll deduction - \$10
C. Full Name (Last, First, Middle Initial) Carrie Lund Mailing Address 14802 Dunston Place City State Zip Code Tampa FL 33618 FEC ID number of contributing federal political committee. C Name of Employer HCR Manor Care, Inc. Occupation Sr. Administrator - Palm Harbor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 491.87			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.25996 Amount of Each Receipt this Period 230.76 Biweekly payroll deduction - \$38.46

SUBTOTAL of Receipts This Page (optional)

752.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Jacqueline M Macenas

Mailing Address 1074 Amber Ct

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Marketing Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.25997

Amount of Each Receipt this Period

60.00

Biweekly payroll deduction
- \$20

Full Name (Last, First, Middle Initial)

B. Jill Matelan

Mailing Address 700 Golden Drive

City

Blandon

State

PA

Zip Code

19510

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26001

Amount of Each Receipt this Period

180.00

Biweekly payroll deduction
- \$30

Full Name (Last, First, Middle Initial)

C. Deborah A McMonagle

Mailing Address 1632 Patricia Ave

City

Willow Grove

State

PA

Zip Code

19090

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.26008

Amount of Each Receipt this Period

260.00

Weekly payroll deduction -
\$20

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Patricia Megary

Mailing Address 3114 Hayfield Drive

City State Zip Code
 Ellicott City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.25677

Amount of Each Receipt this Period

250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Kirsten Mentzell

Mailing Address 421 Ben Oaks Drive West

City State Zip Code
 Severna Park MD 21146

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Regional Rehab Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.26010

Amount of Each Receipt this Period

20.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26011

Amount of Each Receipt this Period

700.00

Biweekly payroll deduction
- \$100

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 61

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Michelle M Meyer
Mailing Address 28 W. Linwood Rd.

City State Zip Code
Linwood MI 48634

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
09 20 2006

Transaction ID: SA11A1.26012

Amount of Each Receipt this Period

95.00

Biweekly payroll deduction
- \$16

B. Full Name (Last, First, Middle Initial)
Brian K Mikolajczyk
Mailing Address 1793 Bucklew

City State Zip Code
Toledo OH 43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Internal Training Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.47

Date of Receipt

M M / D D / Y Y Y Y
08 09 2006

Transaction ID: SA11A1.26014

Amount of Each Receipt this Period

57.71

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 17738 W. River Rd.

City State Zip Code
Bowling Green OH 43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Director^ Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.38

Date of Receipt

M M / D D / Y Y Y Y
09 20 2006

Transaction ID: SA11A1.26015

Amount of Each Receipt this Period

115.38

Biweekly payroll deduction
- \$19.23

SUBTOTAL of Receipts This Page (optional)

268.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 61

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Samuel B Miller Mailing Address 107 York Street City State Zip Code St. Louis MI 48880 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.25804 Amount of Each Receipt this Period 45.00 Payroll deduction
B. Full Name (Last, First, Middle Initial) Scott Miller Mailing Address 198 Old Mill Drive City State Zip Code Langhorne PA 19047 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Sr Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.65		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26016 Amount of Each Receipt this Period 230.76 Biweekly payroll deduction - \$38.46
C. Full Name (Last, First, Middle Initial) Mr. Doug Mock Mailing Address 308 East Front Street City State Zip Code Perrysburg OH 43551 FEC ID number of contributing federal political committee. C Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.25674 Amount of Each Receipt this Period 250.00 Contribution

SUBTOTAL of Receipts This Page (optional)

525.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Ms Susan Morey Mailing Address 700 Hunters Road City Mohnnton State PA Zip Code 19540 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare, Inc. Occupation Regional Director of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26020 Amount of Each Receipt this Period 300.00 Biweekly payroll deduction - \$50
B. Full Name (Last, First, Middle Initial) Ms Joylin Nation Mailing Address 15985 Voyageurs Place City West Palm Beach State FL Zip Code 33414 FEC ID number of contributing federal political committee. C Name of Employer HCR Manor Care, Inc. Occupation Senior Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 374.95		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26028 Amount of Each Receipt this Period 173.10 Biweekly payroll deduction - \$28.85
C. Full Name (Last, First, Middle Initial) David K Nees Mailing Address 5315 Rymoor Drive City Sylvania State OH Zip Code 43560 FEC ID number of contributing federal political committee. C Name of Employer HCR Manor Care, Inc. Occupation Associate General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.05		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26029 Amount of Each Receipt this Period 126.90 Biweekly payroll deduction - \$21.15

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.26031
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$38.46
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.94	

B. Full Name (Last, First, Middle Initial) Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.26034
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$50
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

C. Full Name (Last, First, Middle Initial) Ms Leslie Ohm		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.26036
City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$50
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)

880.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski

Mailing Address 669 Highway 60

City State Zip Code
Cedarburg WI 53012

FEC ID number of contributing federal political committee.

CName of Employer
HCR.ManorCare, Inc.Occupation
Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.29

Date of Receipt

M M / D D / Y Y Y Y
09 20 2006

Transaction ID: SA11A1.26037

Amount of Each Receipt this Period

346.14

Biweekly payroll deduction
- \$57.69

B. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga

Mailing Address 13129 Fox Path Lane

City State Zip Code
West Friendship MD 21794

FEC ID number of contributing federal political committee.

CName of Employer
HCR.ManorCare, Inc.Occupation
Vice President, Rehabilitation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.88

Date of Receipt

M M / D D / Y Y Y Y
09 20 2006

Transaction ID: SA11A1.26041

Amount of Each Receipt this Period

269.24

Biweekly payroll deduction
- \$38.46

C. Full Name (Last, First, Middle Initial)
Mr. David Parker

Mailing Address 2154 Tremont Road

City State Zip Code
Columbus OH 43212

FEC ID number of contributing federal political committee.

CName of Employer
HCR.ManorCare, Inc.Occupation
VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.25

Date of Receipt

M M / D D / Y Y Y Y
09 20 2006

Transaction ID: SA11A1.26044

Amount of Each Receipt this Period

348.00

Biweekly payroll deduction
- \$58

SUBTOTAL of Receipts This Page (optional)

963.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Douglas M Parson
Mailing Address 812 Countay Club Drive

City State Zip Code
Butler MO 64730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.26045

Amount of Each Receipt this Period

120.00

Biweekly payroll deduction
- \$20

B. Full Name (Last, First, Middle Initial)
Stephan Pazulski
Mailing Address 8124 Windmill Ct.

City State Zip Code
Severn MD 21144-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator - Dulaney Towson

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.25675

Amount of Each Receipt this Period

250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Pamela Petsopoulos
Mailing Address 9046 Merrimoor Blvd

City State Zip Code
Largo FL 33777

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Rehab Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.25805

Amount of Each Receipt this Period

20.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)

Karen K Phelps

Mailing Address Rt. 4^ Box 87p

City State Zip Code
 Tecumseh OK 74873

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26050

Amount of Each Receipt this Period

189.00

Biweekly payroll deduction
- \$27

B. Full Name (Last, First, Middle Initial)

David III Pipkin

Mailing Address 9211 Marydell Rd

City State Zip Code
 Ellicott City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.11

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26054

Amount of Each Receipt this Period

68.47

Biweekly payroll deduction
- \$30

C. Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

973.09

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26055

Amount of Each Receipt this Period

407.89

Biweekly payroll deduction
- \$58.27

SUBTOTAL of Receipts This Page (optional)

665.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Michael J Reed
Mailing Address 3899 Midshore Drive

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
VP Assisted Living Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26058

Amount of Each Receipt this Period

491.52

Biweekly payroll deduction
- \$81.92

B. Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd

City State Zip Code
Toledo OH 43617

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
VP Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26062

Amount of Each Receipt this Period

300.00

Biweekly payroll deduction
- \$50

C. Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road

City State Zip Code
Davenport IA 52803

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26068

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction
- \$20

SUBTOTAL of Receipts This Page (optional)

931.52

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) David R Roth Mailing Address 5257 Bentwood Drive City State Zip Code Mason OH 45040 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Director Of Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 274.18		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26071 Amount of Each Receipt this Period 128.58 Biweekly payroll deduction - \$21.43
B. Full Name (Last, First, Middle Initial) Lori Saidleman-Yoh Mailing Address 5421 Willow Run Drive City State Zip Code Milford OH 45150 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.26077 Amount of Each Receipt this Period 57.69 Biweekly payroll deduction - \$19.23
C. Full Name (Last, First, Middle Initial) Francis J Schmitt Mailing Address 4007 Thistle Hill Court City State Zip Code Sugar Land TX 77479 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation VP^ Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26080 Amount of Each Receipt this Period 480.00 Biweekly payroll deduction - \$80
SUBTOTAL of Receipts This Page (optional) ▶		666.27
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr

City State Zip Code
Whitehouse OH 43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
AVP Home Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.09

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26081

Amount of Each Receipt this Period

146.93

Biweekly payroll deduction
- \$20

B. Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer
Mailing Address 2328 Bonnie Brae

City State Zip Code
Santa Ana CA 92706

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.26082

Amount of Each Receipt this Period

90.00

Biweekly payroll deduction
- \$15

C. Full Name (Last, First, Middle Initial)
Ms Elizabeth Schupp
Mailing Address 1022 Oakview Drive

City State Zip Code
Highland Heights OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.25683

Amount of Each Receipt this Period

400.00

Contribution

SUBTOTAL of Receipts This Page (optional)

636.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
 Susan Sexton
 Mailing Address 7645 Yawberg Road

City State Zip Code
 Whitehouse OH 43571

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
Senior Manager - Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.25696

Amount of Each Receipt this Period

100.00

Contribution - Credit Card

B. Full Name (Last, First, Middle Initial)
 Joyce Louise Smith
 Mailing Address 3521 Cedar Creek Court

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
VP^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1112.52

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26087

Amount of Each Receipt this Period

461.52

Biweekly payroll deduction
- \$76.92

C. Full Name (Last, First, Middle Initial)
 Steven D Spencer
 Mailing Address 1102 Towsley Lane

City State Zip Code
 Ann Arbor MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.17

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26090

Amount of Each Receipt this Period

296.17

Biweekly payroll deduction
- \$42.31

SUBTOTAL of Receipts This Page (optional)

857.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Helen Taube		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 200 Parkwood Drive South		Transaction ID: SA11A1.26101
City Royal Palm Beach	State FL	Zip Code 33411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer HCR Manor Care, Inc.	Occupation Manager Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
		Biweekly payroll deduction - \$15

B. Full Name (Last, First, Middle Initial) Ms Abby Taylor		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 2756 Medford		Transaction ID: SA11A1.25676
City Toledo	State OH	Zip Code 43614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HCR Manor Care, Inc.	Occupation Director - Perrysburg Commons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Contribution

C. Full Name (Last, First, Middle Initial) Rami Ubaydi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 27134 Pumpkin Street		Transaction ID: SA11A1.26107
City Murrieta	State CA	Zip Code 92562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 231.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 476.00	
		Biweekly payroll deduction - \$38.50

SUBTOTAL of Receipts This Page (optional)

586.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Douglas Wanke

Mailing Address 13908 Pondview Road

City State Zip Code
Silver Spring MD 20905

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare, Inc.Occupation
Director of Health Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26115

Amount of Each Receipt this Period

160.00

Biweekly payroll deduction
- \$20

B. Full Name (Last, First, Middle Initial)
M Keith Weikel

Mailing Address Three River Hills Ln

City State Zip Code
Toledo OH 43623

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Sr Executive VP and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.97

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26117

Amount of Each Receipt this Period

1153.86

Biweekly payroll deduction
- \$192.31

C. Full Name (Last, First, Middle Initial)
Tammy Whorton

Mailing Address 22965 Martinique

City State Zip Code
Edmond OK 73003

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
Senior MCS - Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26120

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction
- \$20

SUBTOTAL of Receipts This Page (optional)

1453.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Robert Wilcox Mailing Address 5208 Dry Wells Rd City Austin State TX Zip Code 78749 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.26121 Amount of Each Receipt this Period 54.00 Biweekly payroll deduction - \$18
B. Full Name (Last, First, Middle Initial) Dan Wood Mailing Address 844 Miami Street City Toledo State OH Zip Code 43605 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare Inc. Occupation Asst General Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 766.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26124 Amount of Each Receipt this Period 360.00 Biweekly payroll deduction - \$60
C. Full Name (Last, First, Middle Initial) Ms Sherriann Wood Mailing Address 5 Aberfield Lane City Miamisburg State OH Zip Code 45342 FEC ID number of contributing federal political committee. C Name of Employer HCR ManorCare, Inc. Occupation RDO - Central Division Region 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 580.76			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.26125 Amount of Each Receipt this Period 230.76 Biweekly payroll deduction - \$38.46

SUBTOTAL of Receipts This Page (optional)

644.76

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City	State	Zip Code
Toledo	OH	43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Senior Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Transaction ID: SA11A1.26130

Amount of Each Receipt this Period

115.38

Biweekly payroll deduction
- \$19.23**B.** Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant

Mailing Address 6970 St. Edwards Loop

City	State	Zip Code
Fort Meyers	FL	33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	6

Transaction ID: SA11A1.25811

Amount of Each Receipt this Period

165.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)

280.38

TOTAL This Period (last page this line number only)

22930.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 61

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

FEC ID number of contributing
federal political committee.

C C00195065

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA16.25797

Amount of Each Receipt this Period

5000.00

Refund from Joe Barton Co-
mmittee

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 61

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: SA17.25666

Amount of Each Receipt this Period

70.44

Interest Income 07/06

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: SA17.25667

Amount of Each Receipt this Period

52.96

Interest Income 08/06

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.87

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA17.25668

Amount of Each Receipt this Period

45.49

Interest Income 09/06

SUBTOTAL of Receipts This Page (optional)

168.89

TOTAL This Period (last page this line number only)

168.89

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - 07/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25703

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.87

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - 08/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.02

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - 09/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25705

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.14

SUBTOTAL of Disbursements This Page (optional)

130.03

TOTAL This Period (last page this line number only)

130.03

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 1343

City Fairmont State WV Zip Code 26555

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: SB23.25742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street NW Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.25784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BLASDEL FOR CONGRESS

Mailing Address PO BOX 479

City Lisbon State OH Zip Code 44432

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: SB23.25719

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. BOSWELL FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 6220 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.25744 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 750.00
B. CHET EDWARDS FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 23273 City WACO State TX Zip Code 76702 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.25750 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 750.00
C. CONGRESSMAN JOE BARTON COMMITTEE, THE Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1444 City Ennis State TX Zip Code 75120 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.25721 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00
SUBTOTAL of Disbursements This Page (optional)		6500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
FITZPATRICK FOR CONGRESS

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: SB23.25740

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

B. Full Name (Last, First, Middle Initial)
FITZPATRICK FOR CONGRESS

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: SB23.25764

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM MARSHALL

Mailing Address PO BOX 125

City MACON State GA Zip Code 31201

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: SB23.25746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.25713

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF MAX BAUCUS

Mailing Address 818 Connecticut Avenue NW
Suite 100

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.25710

Date of Disbursement

M M / D D / Y Y Y Y
07 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. GLACIER PAC

Mailing Address 818 Connecticut Ave. NW #1009
Suite 1009

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.25715

Date of Disbursement

M M / D D / Y Y Y Y
07 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. HILL PAC

Mailing Address 1717 K Street N.W.
Suite 309B

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.25780

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HOOPs PAC

Mailing Address P.O. Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: SB23.25776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 1205 Locust Street
Suite 100

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.25757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

8250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. KUHL FOR CONGRESS

Mailing Address 10 GANESVOORT STREET
SUITE 101

City BATH State NY Zip Code 14810

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 29

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.25765

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. McCrery for Congress

Mailing Address 1900 CNB Tower
333 Texas Street

City Shreveport State LA Zip Code 71101

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 04

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.25711

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. McCrery for Congress

Mailing Address 1900 CNB Tower
333 Texas Street

City Shreveport State LA Zip Code 71101

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 04

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.25712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.25748

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: SB23.25731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. MIKE SODREL FOR CONGRESS

Mailing Address 702 NORTH SHORE DRIVE SUITE 500

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 9

Transaction ID: SB23.25758

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.25730

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Republican Governor's Association

Mailing Address 1747 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.25734

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.25736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Schwartz for Congress

Mailing Address 38 Ivy Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.25782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SIMMONS FOR CONGRESS

Mailing Address P.O. Box 268 Drawer 271
P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: SB23.25760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. SPRATT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 830

City YORK State SC Zip Code 29745

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.25752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. SWEENEY FOR CONGRESS INC

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: SB23.25769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.25723

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WELDON VICTORY COMMITTEE

Mailing Address P. O. Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 7

Transaction ID: SB23.25773

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

70575.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Charlie Crist for Governor

Mailing Address 10130 Northlake Blvd.
Suite 214-311

City West Palm Beach State FL Zip Code 33412

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25775

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Gardner Committee

Mailing Address 431 N. Prospect St.

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 2

Transaction ID: SB29.25754

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Mary Taylor

Mailing Address 3788 Park Ridge Drive

City Uniontown State OH Zip Code 44685

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25778

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Wagoner

Mailing Address 7445 Airport Highway

City Holland State OH Zip Code 43528

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25725

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Citizens for Wagoner

Mailing Address 7445 Airport Highway

City Holland State OH Zip Code 43528

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25739

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Bill Harris

Mailing Address 1238 Township Road 1506

City Ashland State OH Zip Code 44805

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 19

Transaction ID: SB29.25755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect David Goodman

Mailing Address 2736 Bexley Park Road

City Bexley State OH Zip Code 43209

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25756

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

B. Committee to Re-Elect Husted

Mailing Address 77 South High Street
14th Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Friends of Dwight Evans

Mailing Address P.O. Box 19097

City Philadelphia State PA Zip Code 19138

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Friends of John Perzel Committee

Mailing Address P.O. Box 386

City
Conshohocken

State
PA

Zip Code
19428

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25793

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. House Democratic Campaign Committee

Mailing Address P.O. Box 555

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. IHCA-PAC

Mailing Address 1029 S. Fourth Street

City
Springfield

State
IL

Zip Code
72703

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25717

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Ohioans for Blackwell

Mailing Address 172 East State Street
6th Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25737

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. State of Michigan Bureau of Elections

Mailing Address 430 West Allegan

City Lansing State MI Zip Code 48918

Purpose of Disbursement
Late Filing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

10550.00

TOTAL This Period (last page this line number only)

23200.00

Image# 26950562206

Form/Schedule: **SA16** This is a refund check for the Texas Freedom Fund Contribution that we made on 8/3/06 with check number 5445.
Transaction ID: **SA16.25797** The Congressman Joe Barton Committee inadvertently deposited the Texas Freedom Fund Contribution check of \$5,000 into their PAC account.
